

NIH TRANSHARE Program Bi-Monthly Commuting Cost Certification

Instructions: Submit this form when you obtain your commuting fare at the distribution location. **YOU MUST COMPLETE THE ENTIRE FORM**, including your signature, since incomplete forms will not be processed.

1. Name—Last Name	First Name	Middle Initial
2. NIH Photo ID No.	3. Work Address (Building/Room)	
4. Institute or Center	5. Work Phone Number	
6. Commuting From: (County, City, State, and Zipcode)		

7. Current Mode of Transportation/Costs— First Subsidy Month		8. Current Mode of Transportation/Costs— Second Subsidy Month	
Month	Year	Month	Year
<input type="checkbox"/> Vanpool		<input type="checkbox"/> Vanpool	
<input type="checkbox"/> Rail or Bus Transit—Metro, Metrobus, Ride-On, etc.		<input type="checkbox"/> Rail or Bus Transit—Metro, Metrobus, Ride-On, etc.	
<input type="checkbox"/> Rail or Bus Commuter—MARC Train, MTA, etc.		<input type="checkbox"/> Rail or Bus Commuter—MARC Train, MTA, etc.	
Actual dollar amount of monthly public mass transportation commuting costs		Actual dollar amount of monthly public mass transportation commuting costs	
\$		\$	

9. SIGNATURE AND CERTIFICATION

I certify that: I am employed by the NIH; I will be using Transhare fare for my daily commute to and/or from work; I will not transfer the fare to anyone else; I understand that I must surrender all NIH parking permits and provide all off-campus parking access card (FACSCARD) and/or sticker numbers to participate in the NIH Transhare Program; I understand that I cannot be a participant in the NIH Transhare Program and have on- or off-campus parking permits or have parking privileges and/or a reserved space at off-campus facilities (i.e., all parking permits and privileges **MUST** be surrendered in order to participate in the NIH Transhare Program; I certify that I am eligible for a public mass transportation subsidy; I will be using this subsidy

for my commute to and from work only; I will not transfer it to anyone else; the monthly commuting costs that I have indicated is the actual dollar amount of commuting to and from work; the monthly transit subsidy I am receiving does not exceed my monthly commuting costs; and to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith. A false, fictitious, or fraudulent certification will render me subject to criminal prosecution under U.S. Code, Title 18, Section 1001, including a fine and imprisonment for up to five years; a civil penalty action providing for administrative recoveries of up to \$5,000 per violation; and/or agency disciplinary actions up to and including dismissal.

Signature

Date

Privacy Act Statement: Public Law 101-509, title IV—General Provisions, section 629 (1990) authorizes the collection of the information on this form. The primary use is by management and the NIH Parking Office to analyze participation in the NIH TRANSHARE Program. Additional disclosures of the information may be to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual. In the event of litigation where the defendant is: (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Department of Justice has agreed to represent such employee, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected. Furnishing the information on this form is entirely voluntary; however, failure to do so will result in ineligibility to participate in the NIH TRANSHARE Program.